



NOTIFICATION OF SURPLUS STATE-OWNED PROPERTY

State Form 13812 (R5 / 3-11)

Approved by State Board of Accounts, 2011

Date (month, day, year)

Original Acquisition Cost Per Unit Was:

☐ Over \$2500

☐ Less Than \$2500

DEPARTMENT OF ADMINISTRATION

Operations Division / Surplus Property

601 W. McCarty Street, Suite 100

Indianapolis, IN 46225

INSTRUCTIONS:

1. Place usable and non-usable items on separate forms. Place items requiring different dispositions on separate forms (all Sell on one form, all Transfer on a different form, etc.).
2. The agency completing the form is prohibited from disposing of surplus property without authorization from Department of Administration.
3. After authorization is given by Surplus Property Section, disposition agent must make changes to inventory.
4. Incomplete forms will not be approved and will be returned.

Name of Notifying State Agency	Division	Name of Disposition Agent
Address of State Agency (number and street, city, ZIP code)	Account Number for Deposit of Proceeds	Telephone Number

The following items of state owned property have been determined to be surplus to agency needs:

Quantity Unit	Description and Condition of Item(s) (List Make, Model, Year, Serial No. or VIN for Motor Vehicles, See Note* Below)	Asset Tag Number <i>Remove tag and adjust inventory in Encompass.</i> If requesting to SELL item(s), indicate name of contact, telephone number and minimum bid required.	Disposition Requested	Original Acquisition Cost Original Purchase Fund
	<input type="checkbox"/> Usable <input type="checkbox"/> Non-Usable	State Asset Tag Number: Contact: Telephone Number: Minimum Bid Required: \$	<input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Transfer <input type="checkbox"/> Dispose	\$
	<input type="checkbox"/> Usable <input type="checkbox"/> Non-Usable	State Asset Tag Number: Contact: Telephone Number: Minimum Bid Required: \$	<input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Transfer <input type="checkbox"/> Dispose	\$
	<input type="checkbox"/> Usable <input type="checkbox"/> Non-Usable	State Asset Tag Number: Contact: Telephone Number: Minimum Bid Required: \$	<input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Transfer <input type="checkbox"/> Dispose	\$
	<input type="checkbox"/> Usable <input type="checkbox"/> Non-Usable	State Asset Tag Number: Contact: Telephone Number: Minimum Bid Required: \$	<input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Transfer <input type="checkbox"/> Dispose	\$
	<input type="checkbox"/> Usable <input type="checkbox"/> Non-Usable	State Asset Tag Number: Contact: Telephone Number: Minimum Bid Required: \$	<input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Transfer <input type="checkbox"/> Dispose	\$
	<input type="checkbox"/> Usable <input type="checkbox"/> Non-Usable	State Asset Tag Number: Contact: Telephone Number: Minimum Bid Required: \$	<input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Transfer <input type="checkbox"/> Dispose	\$

If applicable, all data has been removed from the computer storage devices(s) (hard drives, PDA's etc.) per the State of Indiana Enterprise Information Technology Security Policy Guideline.

☐ Yes ☐ No ☐ N/A _____ Initials

*For Motor Vehicles, Include Vehicle Identification Number (VIN), Commission Number, Mileage and Condition (POOR, AVERAGE or GOOD).

I hereby affirm that the above listed state surplus property is as described and has not been disposed of by this agency without proper authorization from the Department of Administration. All information listed on this form is true and accurate.

Signature of Disposition Agent _____ Date Signed (month, day, year) _____

Distribution of Copies

Original: Department of Administration (Surplus Property/Operations Division)
Copies: Department of Administration (Procurement Division)
Disposition Agent File
Receiving Agency (for transfer only)

State Surplus will distribute copies after approval.

DO NOT WRITE HERE - STATE SURPLUS USE ONLY

APPROVED (Make necessary changes to inventory records.)

From

To

Signature of Approval

Date Signed (month, day, year)